

Department of Mental Retardation Strategic Plan

2001-2004

June, 2001



Jane Swift

Governor

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Secretary

Executive Office of Health and Human Services

Gerald J. Morrissey, Jr.

Commissioner

Department of Mental Retardation

The Massachusetts Department of Mental Retardation would like to recognize the following for their hard work and dedication towards this project:

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Department of Mental Retardation Strategic Plan

2001-2004

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Message From the Commissioner

Dear Colleagues:

I am pleased to present the Department of Mental Retardation's Strategic Plan. This document outlines our vision, mission, and guiding principles and it includes our plan to address the needs of individuals with mental retardation and their families. With this strategic plan, we provide a context for change -- change that is now occurring in our service system and in the field at large. This plan sets the direction for the agency's work for the next three years. The Plan is the product of our collective wisdom and experience; we all have had the opportunity to participate, discuss, and frame the major issues that the Department must address in order to be successful. At the outset of this strategic planning process, some of you may have thought this would be just another process. I believe that we have stayed the course; we sought advice from over 3,000 external and internal constituents and have incorporated their input into our work. We have also incorporated all that we have learned from previous management and consultant reports.

The plan comes at a pivotal time for the Department. DMR has grown significantly in the past four years, by some \$131 million dollars. We have had added 4,000 new individuals to our service system. Moreover, it is likely that we will continue grow in the next three to five years as well and could soon be approaching a one billion dollar agency. All of these changes require us to step back and take time to chart our future direction both at a service level as well as at an infrastructure level. Our strategic plan will provide the blueprint for these efforts.

When our plan is fully implemented DMR will be able to say with confidence:

- Individuals and families will know where they stand;
- Individuals and families will be more knowledgeable about options and information;
- Individuals and families will be treated in a respectful manner;
- Individuals and families will be treated with a level of fairness when resource allocations are made.

As importantly, staff will be clearer about their roles, the priority of tasks confronting the Department, and how we will address them. This will mean that some current work will stop, be done by someone else, or done at a different pace. This will be a significant challenge for us.

We are now ready to implement our Plan. The dedication and commitment of our staff, in partnership with individuals and families, are critical ingredients to our future success. As I look forward to the next three years our work will be informed by the principles of:

- fairness and equity
- standardized and consistent approaches
- public stewardship
- addressing our legal responsibilities
- balancing the many competing interests
- using data to inform decision making
- developing an effective organizational structure
- serving those we serve best

There is much to be done and I look forward to working with all of you to make this plan a reality. We owe it to the individuals we support and their families to do so.

Gerald J. Morrissey, Jr.
Commissioner

Overview and Context

The Department of Mental Retardation was created in fiscal year 1988 when it received its first budget separate from the Department of Mental Health. Today the Department provides services to over 30,000 consumers in the Commonwealth of Massachusetts. The agency has a broad reach, providing a complex array of services and systems of support to individuals in their homes, in their communities and in specialized facilities. DMR is the largest public employer in the human service sector, with 8,000 workers. In addition it is the largest contractor of human services in Massachusetts state government, contracting for services through 257 private provider organizations, which oversee an additional 14,624 workers.

External Reports

During the period 1996 – 1999, a number of significant reports were issued which described internal challenges to the Department's operation and provided numerous recommendations for change. These included the House Post Audit and Oversight Bureau report in June 1997, the Jane O'Hern (management consultant) report in June 1998, the Bailit Health Purchasing, LLC, draft report in 1999, and the Human Services Research Institute (HSRI) at Boston University School of Social Work's report in June 2000. The Department has been working earnestly to address the identified concerns of these outside evaluators. All of these reports led to the recognition that strategic management and planning were the next steps for the Department to undertake to further improve its internal management processes and service capabilities.

Moving Forward in a Strategic Context

To establish a strategic context, the Department is undertaking a four-step process: strategy formulation, strategic planning, strategy implementation, and evaluation and control. The Department designated a high-profile Planning Team, headed by the Assistant Commissioner for Planning and Policy Development, which worked to design a strategic planning process to align internal constituents with a common purpose, to provide a framework for strategic thinking, and to create a plan which provides a better fit with the Department's external environment. Within this planning context, the Department looked at its stakeholder system, its service system, its human resources system, and its management system. In addition, it looked at its organizational structure to ensure alignment with its new strategy.

Strategic Environmental Assessment

The Department conducted a comprehensive environmental assessment, mapping its internal and external stakeholders, engaging over 3000 individuals in this review. The Department received information from 1150 employees, 257 providers of service, 280 citizen board members, and 64 critical public leaders. In addition, the Department utilized information collected by the Human Services Research Institute/Boston University, through its assessment of consumers and families, including 592 family surveys, and facilitated focus groups with 81 families, and interviews with 617 consumers.

The Department also undertook an assessment of its internal culture involving over one hundred of its key managers to assess how that culture would help or hinder the agency in moving forward toward change. The input from all these stakeholders was categorized and analyzed by the University of Massachusetts Donahue Institute, and four key strategic issues emerged:

- *the need for developing a systemic plan to serve the Department's population;*

- *the need to further develop the Department's workforce and organizational structure and culture;*
- *the need for ensuring the provision of effective behavioral, clinical, and health care services to the*

Department's consumers;

- *the need for further developing the Department's quality management system.*

Strategic Planning Process

January through March, 2000

- conducted the comprehensive environmental assessment
- trained over one hundred staff to conduct assessment sessions with staff in all regions of the state, in all facilities, with all citizen advisory boards, and with providers
- data analyzed and summarized by UMASS Donahue Institute

March through April, 2000

- developed four key strategic issues
- aligned all senior staff around key strategic issues
- preparation for strategic plan development

April through May, 2000

- development of strategic goals for each strategic issue
- correlation with Human Services Research Institute/Boston University consumer and family data
- culture assessment and implications for implementing the Strategic Plan

June Management Conference, 2000

- aligned all key managers aligned on the four strategic issues
- development of strategic goals and action steps

July through September, 2000

- drafted the final plan
- made minor revision to the Department's Mission statement
- made changes to the Department's Guiding Principles

September through December, 2000

- presented final draft plan to all key managers
- presented final draft plan in five regions of state to all staff, external constituencies, citizen advisory boards, providers, and key public officials

MISSION

*The Department of Mental Retardation
is dedicated to creating, in partnership with
others, innovative and genuine opportunities
for individuals with mental retardation to
participate fully and meaningfully in,
and contribute to, their communities
as valued members.*

GUIDING PRINCIPLES

- Respect the dignity of each individual through vigorous promotion of the human and civil rights which, in part, strives to keep people free from abuse or neglect;
- Promote the capacity of people with mental retardation to exercise choice and to make meaningful decisions in their lives;
- Empower individuals and their families to speak out for themselves and others, initiate ideas, have choices, and make decisions about supports, consistent with available resources;
- Enhance public awareness of the valuable roles persons with mental retardation assume in society through promotion of physical and social integration;
- Recognize that realizing one's potential takes courage, skills, and supports;
- Support the dignity of achievement that results from risk-taking and making informed choices, while recognizing the Department's role in supporting consumers to minimize risk to themselves and ensuring that their choices do not infringe upon the rights of others;
- Recognize that services providing meaningful benefits to individuals require a commitment to on-going monitoring and evolutionary change;
- Provide access to services through a single, local, and familiar setting;
- Assure that ethnic and cultural diversity of each individual and staff are valued and respected in the design and delivery of services;

- Ensure that services and resources are flexible, cost effective, allocated according to standards of fairness and equity, and provided in the least intrusive manner possible;
- Operate according to sound fiscal and management practices which lead to the responsible use of public funds;
- Operate with an appreciation for the responsibilities that come with public service.

VISION 2004

The Department of Mental Retardation is the central point of contact and the primary public service agency for individuals with mental retardation and their families in the Commonwealth of Massachusetts.

In partnership with individuals and their families, communities, advocates, other public agencies, and private providers, the Department provides support services in an equitable and fair manner.

The Department strives to provide these supports in safe and healthy environments and seeks to promote individual development and encourage family involvement. In working to achieve its mission, the Department stewards the public trust through sound leadership, an effective organizational structure, the use of accurate information in decision making, and the balancing of various stakeholder interests.

KEY STRATEGIC OBJECTIVES

- Define a systemic plan to serve the population.
- Ensure qualified staff and effective organizational structure to implement the strategic plan.
- Establish effective and consistent health, clinical, and behavioral supports for persons with mental retardation across the Department of Mental Retardation system.
- Develop an effective quality management system.

Goals and Actions

STRATEGIC OBJECTIVE 1: **Define a systemic plan to serve the population**

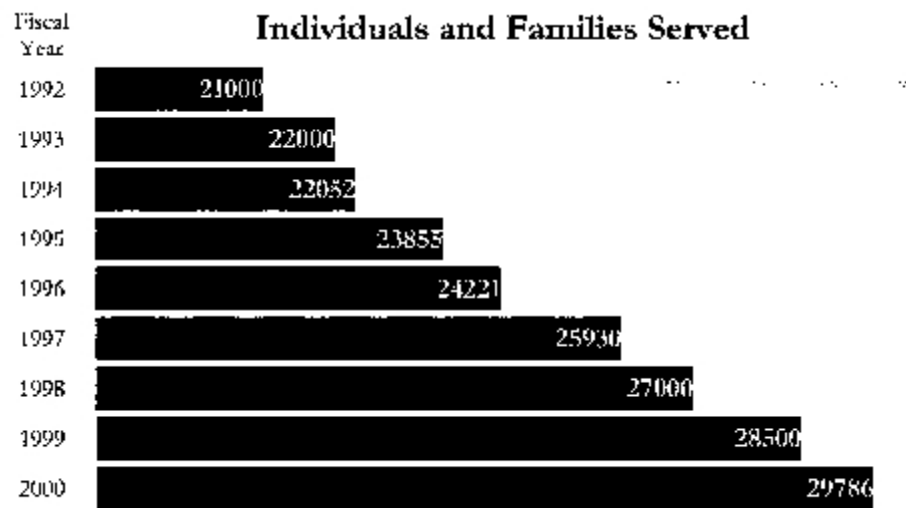
Goal 1.1 The Department clarifies its eligibility based on the following criteria:

Eligible:

- All adults with special eligibility based on class status
- All adults greater than eighteen years of age with a diagnosis of mental retardation
- All children age zero to eighteen with presumptive diagnosis of mental retardation
- Children and adults with autism if accompanied by mental retardation.

Explore:

- The ramifications of expanding or limiting the Department's eligibility to developmentally disabled children and adults without mental retardation



Exclusion from Service Provision:

- Individuals with mental retardation, but who meet the custodial mandate of another state agency, will continue to be served by that agency (e.g. Department of Social Services, Department of Youth Services, Department of Corrections, Department of Mental Health).

Service Restrictions:

- Individuals three to twenty-two years of age, who are the jurisdiction of a Local Educational Authority or the Department of Education, will continue to receive primary supports through the education system.
- Individuals birth to three years of age will continue to receive early intervention and support services through the Department of Public Health.
- Individuals with mental retardation, whose principal diagnosis is consistent with the primary service mandate of another agency, will be referred to that agency for their primary supports.

Other:

- No provision of residential services to those under eighteen years of age.
- No provision of residential services to those between ages 18 – 22 unless authorized on an exception basis by regulation.

Goal 1.2 Work with the Secretariat to develop clear guidelines on interagency service responsibilities and parameters through the establishment of agency agreements between DMR and the other public human service agencies.

Goal 1.3 Create regional teams to complete intake and eligibility.

Actions:

- Standardize the process for conducting intake and determining eligibility.
- Develop regional teams which complete and/or oversee all aspects of intake, and which determine eligibility.

Goal 1.4 Create a standard assessment for consumers which generates a profile of support needs, assigns each consumer to an intensity of need level, and prioritizes access to available resources.

Actions:

- Develop a standard clinical assessment tool, performed and interpreted by regional teams for all new consumers.
- Develop methodologies which establish an intensity of need level for each consumer.
- Develop a parallel process, using the standard clinical assessment tool, for assigning level of need to existing consumers, for management planning purposes.
 - Create a mechanism to approve movement of existing consumers between intensity of need levels.
 - Develop a consistent methodology for prioritization of individuals for funding.

- Develop a protocol for standardized determination of waiver eligibility.
- Create a pool of flexible funds for managing emergencies and risk.

Goal 1.5 Review and revise purchase of service mechanisms to fit the new system.

Actions:

- Utilize the intensity of need data to guide development of cost corridors for service procurement
- Tie cost corridor methodology to existing contracting system
- Ensure that cost corridor methodology supports non-traditional, individualized purchasing arrangements
- Consolidate the contract procurement system to ensure statewide consistency and standardization in application of cost corridor methodology

Goal 1.6 Develop a plan to identify short and long term role for the facilities.

Actions:

- Create a time limited internal working group to make recommendations to the Commissioner regarding:
 - current and future functions
 - appropriate number of facilities to meet capacity needs
 - bed capacity
- Integrate internal planning process with external stakeholders for review and input, establishing appropriate boundaries for input from different external stakeholder groups.

Goal 1.7 Conduct study based on current community bed capacity as well as likely future expansion needs in order to develop a three to five year residential plan.

Goal 1.8 The Department will maintain an effective partnership with consumers and families.

Actions:

- Ensure consumers and families receive clear information on regulations, policies, services and supports, community resources, and appeal mechanisms, and that all information is responsive to diverse cultural groups.
- Provide regular information sessions in each region to answer individual and family questions and provide other opportunities for citizens to interact with the Department.

- Ensure opportunities for consumer choice and decision making consistent with the Department's Guiding Principles, its statute, and all applicable laws and regulations.

Distribution of Resources



STRATEGIC OBJECTIVE 2:

Ensure qualified staff and effective organizational structure to implement the Strategic Plan.

Goal 2.1: Create a plan to address recruitment and retention, ensuring sufficient numbers of qualified staff and care providers at all levels, within the provider community, the Department, and family managed supports.

Actions:

- Increase the supply of workers by improving the recruitment and hiring process
- Increase retention of staff by providing enhanced organizational supports to further develop a positive work environment
- Develop and implement an effective organizational diversity plan
- Develop a comprehensive employee orientation program which emphasizes good customer service
- Integrate all workforce development activities and ensure fit with strategic plan

Goal 2.2: Develop an effective training and development program to enhance the competence, performance, role clarity, and satisfaction of staff.

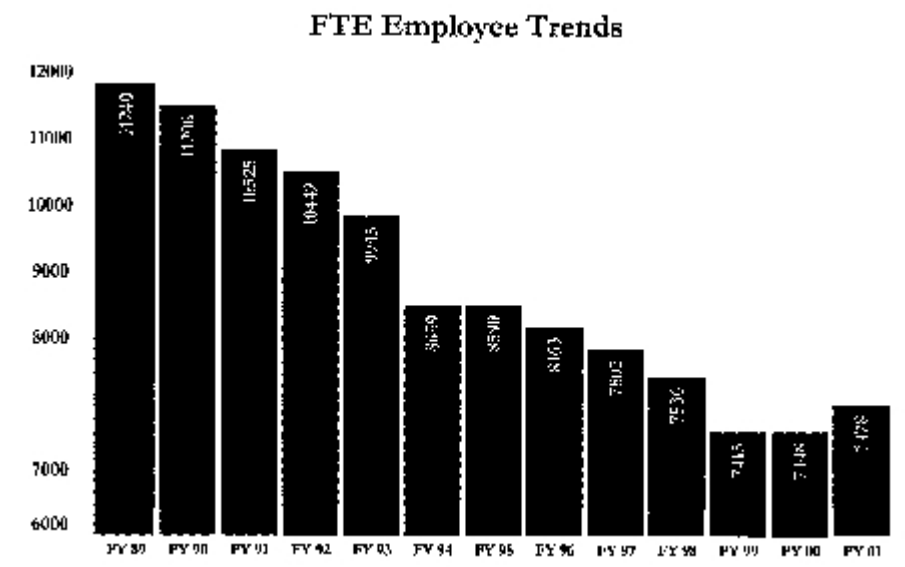
Actions:

- Provide sufficient financial support for agency-wide training, with consideration to industry standards
- Survey staff to identify training and development needs and develop a systemic training program to support the strategic plan
- Provide training, support, and advancement opportunities which promote diversity at all levels of the organization

Goal 2.3: Identify organizational infrastructure and organizational development needs to support the Strategic Plan.

Actions:

- Articulate the underlying assumptions and principles that guide organizational practice. (The “Rulebook”)
- Continue to develop the necessary senior leadership structure and skills to support the Strategic Plan, and orchestrate a program which provides effective supervisory and management development throughout the Department
- Develop an implementation strategy for the Strategic Plan which involves all levels of the organization and responds to staff concerns about the pace of change, the shift in organizational culture, and allocation of resources
- Build a culture which supports the continuous learning, sets clear expectations, and holds people accountable
- Complete development of the Advance Planning Document (APD) to provide an effective management information system and overall support for continual strategic management
- Review and implement regulatory changes to fit Strategic Plan



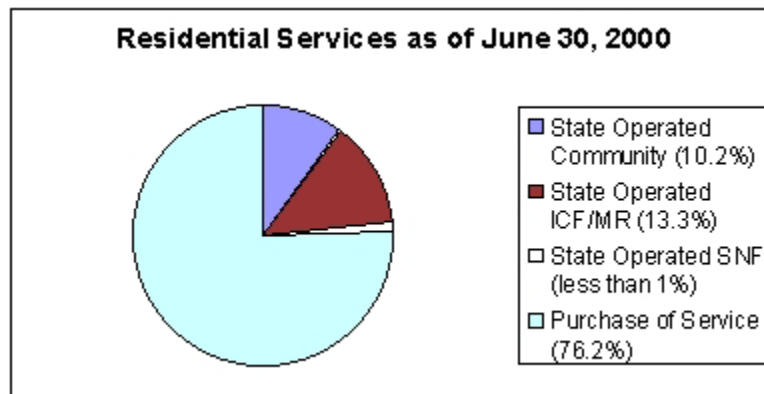
STRATEGIC OBJECTIVE 3:

Establish effective and consistent health, clinical, and behavioral supports for persons with mental retardation across the Department of Mental Retardation system.

Goal 3.1: Recognize and respond to each consumer's needs for available health, clinical, and behavioral supports.

Actions:

- Perform a systems analysis in major areas of individual health, clinical, and behavioral needs, and determine where oversight and targeted supports are needed
- Develop a system which continually reassesses and responds to the health, clinical, and behavioral needs of consumers
- Ensure clear roles, responsibilities, and organizational structure needed at the provider, area, regional, and/or central level to provide for the health, behavioral, and clinical support needs of consumers
- Develop a set of support strategies relative to consumers with public safety issues



Goal 3.2: Ensure a coherent departmental approach for addressing health, behavioral, and clinical issues and concerns.

Actions:

- Survey current service availability and existing standards and practices throughout the system; identify gaps, determine which key indicators to monitor
- Integrate statewide standards and service expectations, including expected levels of training and education, and revise regulations as necessary
- Develop a system of oversight, monitoring, and supervision of services throughout the system to ensure compliance with agency standards and practices. Utilize the data collected to inform and promote health and prevention

- Develop a system that provides appropriate safeguards for the use of generic health, behavioral, and clinical supports
- Provide fair access to available health, clinical, and behavioral resources through an equitable systemic resource allocation within the Department

Goal 3.3: Work with health care agencies and other funding sources to assert the needs of the overall population with mental retardation.

Actions:

- Develop a plan and strategy to promote access to generic services and develop other health care options
- Explore ways in which the Department of Mental Retardation system can support access to generic health, clinical, and dental care

STRATEGIC OBJECTIVE 4:

Develop an effective quality management system

Goal 4.1: Measure key indicators and utilize information to promote service excellence.

Actions:

- Develop an integrated management information system which can be used in decision making

Goal 4.2: Strengthen, integrate, and utilize oversight and monitoring systems to ensure continuous improvement, quality outcomes, and necessary safeguards for individuals.

Actions:

- Develop an understanding of roles and responsibilities in quality monitoring, quality assurance, and quality improvement
- Integrate quality assurance and quality improvement systems to ensure that all services comply with applicable statutory, regulatory, and agency standards and requirements (including waiver services)
- Identify ways to evaluate system effectiveness
- Use trends identified from management information system to create a training agenda for staff aimed at proactive planning, prevention, and quality outcomes for consumers
- Ensure that families, individuals, and other stakeholders are involved in oversight and monitoring systems

The Department's Strategic Management Plan

The purpose of the Strategic Management Plan is to guide the Department through the next three years.

In order to develop the plan, the Department consulted over 3,000 people, including people who use services, their family members, employees, provider agencies, public leaders, and other citizens.

Based on this input, the Department identified four key issues to address. These became the basis for the plan:

1. Define a systemic plan to serve the population. The Strategic Plan establishes rules that are clear and the same for everyone who requests services. It states who can receive Department supports, and how much support a person can receive. It states that a plan will be developed to identify short and long term roles for the facilities. It affirms that the Department will work in partnership with individuals and families.
2. Ensure qualified staff and effective organizational structure to implement the Strategic Plan. The Department will work to hire and keep more workers, and to provide them with thoughtful and effective training.
3. Establish effective and consistent health, clinical, and behavioral supports for people with mental retardation throughout the Department of Mental Retardation system. DMR will work to recognize and respond to individual needs for medical care, counseling and other kinds of consultation. The Department will develop a unified approach to supports provided within our system. We will also work to help make sure that the needs of people we serve are met in the overall health system.
4. Develop an effective quality management system. The Department will work to strengthen our monitoring systems to ensure that services are always improving and that people who use our services are safe.

**Massachusetts Department of Mental Retardation
Senior Staff**

Gerald J. Morrissey, Jr. Commissioner	Mark Fridovich, Ph.D. Deputy Commissioner	Marianne Meacham General Counsel
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2001 – 2004 Strategic Plan Objectives

- Define a systemic plan to serve the population.
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